

Application Data Sheet**Application Information**

Application Type:: National Stage  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METHOD FOR MAKING A  
REINFORCEMENT PROVIDED WITH AT  
LEAST ONE ADHESIVE SURFACE  
CAPABLE OF BEING REPOSITIONED  
AND RESULTING REINFORCEMENT  
Attorney Docket Number:: 0540-1028  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 0  
Small Entity?: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?:

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: THIERRY  
Middle Name::  
Family Name:: KLETHY  
Name Suffix::  
City of Residence:: BRANGUES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 2 LOT DU BRIEUX  
Address::  
City of Mailing Address:: BRANGUES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-38510

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FREDERIC  
Middle Name::  
Family Name:: PINAN  
Name Suffix::  
City of Residence:: COURCELLES/VIOSNE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 1 RUE DU VAL  
Address::  
City of Mailing Address:: COURCELLES/VIOSNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-95650

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/050037	1/21/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0450119	1/22/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::